HF Trust Limited

HF Trust - Trelawney

Inspection report

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Date of inspection visit:
06 June 2018

Date of publication:
28 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at HF Trust - Trelawney on 6 June 2018. The previous inspection took place on 23 June 2016. We had no concerns at that time and the service was rated Good. At this inspection we identified some concerns and the rating has been changed to Requires Improvement.

HF Trust - Trelawney is a care home providing care and accommodation for up to six people with a learning disability. At the time of the inspection six people were living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Care was not being delivered in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Some people did not get along together and this had led to altercations within the service. Staff worked to keep people safe but this had impacted on people's ability to move freely and independently around the service. People's behaviour and records showed some people were unhappy.

The service requires a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC had not been informed of an incident that occurred at the service until 16 days after the event. The same event had not been recorded or reported appropriately and in line with HF Trust's policies and procedures.

Where risks were identified action was taken to protect people from harm. Staff were aware of their responsibilities under safeguarding and took these seriously. They were able to describe to us the action they would take to keep people safe.

Staff were sympathetic and compassionate in their approach to people. They were clearly saddened by the circumstances within the service and empathised with people's situation.

Roles and responsibilities were clearly defined and understood by all. Systems for communicating about changes in people's needs were effective. Staff were supported by a thorough system of induction, training, supervision and staff meetings.

Activities provided were varied and met people's individual preferences and interests. Family contact was valued and encouraged. Relatives told us they were kept informed of any changes and were invited to take part in care plan reviews.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being in daily logs.

There were a range of quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager, staff and other staff with a national remit employed by the provider.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff to support people and keep them safe.

Staff knew how to support people at all times and were confident of their ability to protect people from harm.

Systems for the management of medicines were robust. Any errors were quickly identified and action taken to minimise the risk of re-occurrence.

Is the service effective?

Good

The service was effective. Staff were supported by a system of induction and training which was regularly refreshed.

People were supported to access external healthcare services for regular check-ups.

People had access to varied and healthy diets.

Is the service caring?

Requires Improvement

The service was not entirely caring. Some people were not happy and this was reflected in how they behaved towards each other.

Staff were sympathetic towards people.

People's communication styles were recognised and respected.

Is the service responsive?

Good

The service was responsive. Care plans accurately reflected people's needs across a range of areas.

Daily logs were consistently completed and were detailed and informative.

People had access to meaningful activities which reflected their interests.

Is the service well-led?

Requires Improvement

The service was not well-led. Incidents and an accident had not been recorded or reported appropriately.

CQC had not been informed of adverse incidents as required by law.

There were clear lines of responsibility within the service which were known and understood by the staff team.

HF Trust - Trelawney

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed staff interactions with people. We met with the people living at the service, the registered manager and three members of staff. We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection visit we spoke with a further three members of staff, three relatives and three external healthcare professionals to hear their views of the service.

Good

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Trelawney. Comments included; "They work with [person's name] brilliantly" and "I think [person's name] is safe." Staff had no concerns about people's safety. Although there was sometimes conflict between people, staff were confident in their ability to keep people safe. One member of staff told us; "They're safe while staff are with them and we always are. We need to be there because things can change so quickly."

Staffing levels were appropriate and people were supported according to their needs and preferences. Rotas for the previous two weeks showed staffing levels had been consistently maintained. Agency staff were regularly used to fill any gaps in the rota. These were usually staff who were familiar with the service and people's needs. On the day of the inspection an agency worker was on duty who had not worked at the service before. Permanent staff had verbally gone through an induction check list with them to make sure they were familiar with the layout of the building and the whereabouts of fire exits. Later in the day we observed the agency worker spending time looking through care plans. This meant they could develop an understanding of individual's needs and preferences.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Staff were required to sign to say they had read and understood safeguarding and whistle blowing policies. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in supervisions and staff meetings. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. One commented; "It's my job!"

Risk assessments were in place so staff were aware of any identified risk and had guidance on how to support people safely. For example, one person was at increased risk of choking. There was clear guidance for staff to follow to help minimise the risk. Staff described to us how they assessed the person before eating so they could evaluate how their food should be prepared. This demonstrated that staff were aware of the guidance and recognised the importance of supporting the person appropriately. Risk assessments were regularly reviewed and updated as necessary.

Sometimes people could become anxious or distressed which could lead to them behaving in a way which could challenge staff or others. There had been several incidents of conflict between two individuals. Strategies had been put in place to try and lessen the number of incidents. For example, staff ensured the two people concerned were not using the same room at the same time when either of them were agitated. A member of staff was required to stay in shared areas at all times when both were present so they were on hand to distract and intervene if necessary. In addition a section of the conservatory had been arranged to make it feel more homely and a television and stereo put in place. The conservatory was central to the

property and was adjoined by the kitchen on one side and the lounge on the other. The conservatory was an extension to the building and it was possible to see into the other rooms through the original windows and French doors. Curtains had been put up between the conservatory and the other rooms to allow staff to separate it off if necessary and prevent people from coming into visual contact with each other. One of the individuals concerned often used this space which meant they were able to relax with staff undisturbed. HF Trust's specialist skills team had worked with the staff team to develop a positive behaviour support plan for one person to guide staff on how to vocally divert and support the person when they became angry. External healthcare professionals were also working with the service to identify ways of supporting the person.

The premises were mainly clean and well maintained. Some of the blinds in the conservatory were spotted with black mould. The carpet in the main lounge and conservatory area was stained. Staff told us this was due to be deep cleaned. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Cleaning schedules were in place to help ensure staff were aware of their responsibilities for maintaining cleanliness on a daily basis. People were encouraged to take part in cleaning tasks so they were involved in the running of the service. Food was stored safely and dated on opening so staff would be aware when it was no longer safe to use.

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require in an emergency. All fire-fighting equipment had been serviced to ensure it was ready for use and further weekly checks were carried out by staff. Water temperatures were checked monthly to ensure these were within a safe range.

All staff had received training to enable them to administer medicine. Following any medicine administration or recording error, staff were required to complete refresher training and competency assessments. Internal investigations were conducted to identify why errors had occurred. These were carried out by a manager from another HF Trust service to help ensure impartiality. Arrangements had been made for NHS representatives to carry out an advisory visit to support the safe administration of medicines within the service.

There were clear protocols in place to guide staff when they were considering whether to offer people medicines 'as required' such as pain killers. This helped ensure a consistent approach to the use of these medicines. HF Trust had signed up to STOMP. This is a national project committed to stopping the overuse of psychotropic medicines for people with a learning disability, autism or both. The registered manager was completing an audit to identify who was being prescribed these kinds of medicines, how long they had been taking them and ensuring medicine reviews were being carried out regularly to check the medicines were still necessary.

Medicines were stored securely in a locked cabinet. There was a refrigerator specifically to use for keeping medicines which required cold storage. The temperature of the refrigerator and medicine cabinet were checked daily.

People's monies were kept securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly.

People and staff's confidential information was protected. Records were stored securely in the office and on password protected computers. They were up to date, accurate and complete.

Good

Is the service effective?

Our findings

People's needs were assessed holistically to help ensure their physical, mental health and social needs were known and recorded in a range of care plans. For example, one person's health had deteriorated. The service worked with numerous health professionals to make sure the person's needs across a range of areas was understood and recorded. A healthcare professional commented; "The staff are keen to talk to professionals." Care plans were regularly reviewed and updated so it reflected people's changing needs.

Technology was used to support people and help them maintain independence. For example, one person had regular seizures and a number of aids had been offered to them to help them call for assistance if needed. This included a panic button, wristband and bed monitor. The person had chosen to use one of the aids regularly and the others were available if they chose to use them in the future. One person had an audio monitor in place so staff would be aware if they became unwell during the night without having to visually check on them.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Staff told us the induction and initial training gave them confidence when they first started working at the service.

Training identified as necessary for the service was updated regularly. This included safeguarding, the Mental Capacity Act and associated DoLS and moving and handling. Additional training could be provided to enable staff to meet people's specific needs. For example, staff had started to use behaviour monitoring forms and had received training in how to complete the forms so they were meaningful and relevant. Staff told us the training was well delivered. Comments included; "The behaviour monitoring training was really helpful" and "HF Trust are very good at training." When on-line training was due to be updated, staff received email reminders to prompt them to complete it.

Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a plan in place to provide annual appraisals for all staff. Staff told us they were well supported.

People were able to make decisions about what they ate and drank. Staff used pictures and photographs to help people make meaningful choices and to remind people what was being prepared each day. Staff were aware of people's individual dietary needs and preferences and these were recorded in care plans.

People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments. One person was reluctant to attend medical appointments and arrangements had been put in place to ensure they received medical advice when necessary. When it was necessary for this person to have invasive medical procedures such as blood tests staff had worked with other agencies to decide how this could be carried out. Health Action Plans and

hospital passports had been developed to share with other healthcare professionals if people needed to access external services. A relative commented; "We are confident [person's name] health needs can be met."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Capacity assessments had been completed to record when people were not able to give consent to certain decisions. Decisions taken on people's behalf had been made in line with the best interest process and involving external professionals, families and staff. Where people were able to consent to aspects of their care there was evidence to show they had been consulted. For example, one person had signed consent forms to indicate they were happy to have their photograph taken.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where appropriate. When any additional restrictive practices were put in place the registered manager informed the local DoLS team.

Living areas and bedrooms were personalised and reflected people's personal taste and interests. There was a safe, secure and accessible garden area with plenty of garden furniture. The registered manager told us this was well used and barbeques were often organised. A canopy had been erected over a section of the garden to protect people from the sun. Adaptations had been fitted in a bathroom to enable people with mobility problems to use it safely. People had access to shared bathrooms. None of the bathrooms had mirrors in them. We discussed this with the registered manager who agreed it was unusual. They told us they would arrange for this to be rectified.

Requires Improvement

Is the service caring?

Our findings

It was evident from people's behaviour and records that some people were not happy. We heard one person tell a member of staff that they wanted to move out. Staff were quietly reassuring in their response. They spent time talking to the person about a meeting they would be attending and what they hoped the outcome would be. Staff told us the person had expressed this desire to move before and, while this saddened them, they believed the person had outgrown the service and would be happier in a different setting. They were empathetic and understanding of the person's situation. Arrangements were in place for the person to move to a different service which would be more suited to their needs.

Most people had been living at Trelawney for many years, one person had moved into the service approximately twelve months before the inspection visit. Another person in particular had found the changes to the group difficult to cope with and there was frequent conflict between the two people. A member of staff told us; "They don't like each other. [Person] is lovely but not happy." HF Trust's specialist skills team, the registered manager and staff team had worked together and with other agencies to try and improve the situation. However, staff told us there were regular altercations between the two people. One commented; "They don't get on very well and it's like that on a daily basis. We can divert people and focus their attention somewhere else but there's no magic wand." Some of the incidents had involved other people. This could have a negative impact on the emotional and psychological well-being of the people involved and others living at the service. A relative commented; "[Person's name] just doesn't gel with the rest. It's been a home for people for decades and it's such a shame they've become unhappy."

During the inspection we observed two occasions when staff dissuaded someone from accessing the kitchen to avoid them coming into contact with another individual. This demonstrated people's autonomy within the premises was restricted as they were sometimes discouraged from using certain areas and were unable to move around freely. Although the risk to people's safety and well-being had been identified and action had been taken to mitigate this, as outlined in the safe section of this report, there had been a negative impact on people's autonomy and independence.

Because of the high level of incidents, behaviour monitoring records had been put in place to record any negative events. Three incidents had been recorded the week preceding the inspection involving four different people. On each occasion some level of physical contact had occurred and people had been moved to other rooms. Although no physical harm was sustained we were concerned about the number of incidents and the fact staff were needing to decide where people should be spending their time in order to avoid conflict. Staff told us one person had stopped eating with the group and was choosing to eat alone more frequently. This indicated people were isolating themselves at times. A member of staff commented; "[Person] was quite settled and calm and now he gets angry. It's quite sad really."

Staff and relatives told us the difficulties were mainly due to personality differences. One commented; "It's not the number, it's the mix." However, some thought the size of the premises contributed to the problem. Shared areas comprised of a medium sized lounge and kitchen and a large conservatory where there was a computer and desk for staff use and a large dining table as well as comfortable seating. When everyone was

in the service with staff there were nine people in a relatively small area. It was at these times that incidents were more likely to occur. Comments included; "[Person's name] moving in was one too many. Six people and staff…it's difficult to manage." "[Person's name] might have been in all day with a member of staff and then all of a sudden everyone else comes in and it can be difficult." An external healthcare professional commented; "The knock on effect for the other clients is heightened because of the lack of space in the building" and "There are very busy times at beginning and teatime in a small area. This has been when incidents have occurred between clients and towards staff."

We observed one member of staff wore protective gloves when supporting someone to eat their breakfast. This was not a respectful or dignified way of supporting the person and was not necessary for the task.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people were out for the majority of the day but we were able to observe them on their return to the service. Staff greeted them enthusiastically asking how their day had been and helping them to settle in. Although some people had to be initially carefully managed as described above, once people were seated and engaged the atmosphere became quieter and more relaxed. Staff were clearly skilled at predicting where and when people might clash. An external healthcare professional told us; "I do feel that the support team are caring and want the best for the people that they support."

Staff told us they enjoyed their work and were positive and enthusiastic when talking with us. Comments included; "I love it, I should have done it years ago" and "You get very attached to people." However, it was clear they found the situation difficult. One told us; "It's hard and sometimes you can't help but take it personally. You go home and think, "Today I didn't make a difference."" An external healthcare professional commented; "As a staff team over the last twelve to eighteen months they have gone from one urgent situation to another and I get the impression that as a staff team they are tired and stressed from this."

People were valued. Despite the problems described staff were positive when talking about people and displayed an understanding and sympathy with their situation. Comments included; "[Person's name] gets angry when [name] laughs loudly. They don't understand that is their way of communicating" and "When you've lived in a house for that many years and someone else comes in you're going to feel uncomfortable. It's hard for them and for [person's name]."

Staff knew people well and had an understanding of their communication needs and styles. One member of staff told us; "When person's name is happy they stroke the edge of the chair. When you see that you know they are happy and chilled and contented." There was detailed information in care plans describing how people used words, simple signs and body language to express themselves. Social stories were sometimes used to help explain situations to people. For example, a key member of staff had reduced the hours they worked at the service and one person was finding this difficult. A social story was being developed to help them understand the situation.

People were able to make some day to day decisions and choices. Staff told us how they supported people to do this. For example, holding up different outfits for people to choose from. One member of staff told us; "[Person's name] might not always have capacity but is very independent and capable of making some choices." People were also encouraged to develop and maintain independent skills. Care plans contained detailed information about what people needed support with and what they could do for themselves. For example one care plan read; "[Person] can prepare a cold drink independently and will need support with making a hot drink" and "Will hoover communal areas with verbal prompts."

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are. A relative told us staff knew their family member well and had an understanding of their needs. They commented; "[Person's name gets on really, really well with their keyworker."

Staff recognised the importance of family relationships and worked to support them. Relatives told us they were able to visit at any time and were always made to feel welcome. A relative told us; The care is good, staff are very compassionate."

Good

Is the service responsive?

Our findings

Care plans were an accurate reflection of people's needs and were regularly reviewed and updated. They were stored electronically on the providers support planning, assessment and recording system (SPARS). They contained a wide range of information in respect of people's support needs across a number of areas including communication, behaviour and social needs. The information focused on people's individual needs and what was important to and for people. For example, we read in one care plan; "[Person's name] does not like bubbles in their bath as they like to be able to see the bottom of the bath." Staff told us the care plans were detailed and informative. Agency staff did not have access to the electronic records and paper copies of care plans were available for them.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. For example, with the use of social stories or simple signing. It was also recorded if people required hearing aids or glasses. This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Daily logs were kept and these provided a detailed overview of how people had spent their time each day. There was information about people's mood and emotional well-being as well as their health and any activities they had taken part in. For example, we read in one person's notes; "[Person's name] appeared relaxed throughout the trip and when I asked her if she was OK she smiled and told me she was."

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Staff had handovers between shifts to help ensure they were up to date with people's needs. Communication books were also used to record information. Staff told us they were kept well informed of any change in people's needs. Relatives told us they were kept up to date with any change in their family members needs and were contacted if they became unwell. One told us their family member often became unwell and the staff were quick to seek medical advice when necessary. They commented; "They [staff] always make the right call."

Activities were arranged which met people's individual interests and preferences. For example, one person was interested in horses and staff had found a service providing horse therapy for them to visit. People attended various day centres throughout the week according to their preferences. Relatives told us people had busy lives and plenty of opportunities to go out. One person had been engaged with various voluntary work placements. Although they did not have any in place at the time of the inspection staff told us they checked weekly to see if any appropriate new opportunities were available which might interest the person. Some people enjoyed going out bowling or to the cinema. One person was partially sighted and attended a specialist bowling group. This demonstrated the service worked to ensure they had equal access to opportunities. A relative told us; "They do a lot with [person's name]." An external healthcare professional commented; "The client's do have varied activities - the main concern seems to be the down time in the house."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. A relative told us; "I have had to complain before and things have improved."

The registered manager had started to gather the views of people's families regarding the care people would receive at the end of their lives and preferences for funeral arrangements. It is important people, and their families where appropriate, are given the opportunity to think about their end of life care before a crisis situation forces hurried decisions in emergency situations. Detailed information regarding this aspect of care was recorded in people's records.

Requires Improvement

Is the service well-led?

Our findings

There were processes in place for recording accidents and incidents. Before the inspection CQC had been informed of an occasion when one person had fallen. This had not been recorded appropriately or in a timely manner by staff supporting the person at the time. The accident had not been immediately reported to the registered manager or any other member of the management team. This meant appropriate action had not been taken and an injury had not been identified until the following day. It is important incidents and accidents are reported and recorded in line with policies and procedures to protect people from the risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the on-going concerns the registered manager and staff were working with HF Trust's specialist skills team and other external agencies to try and improve people's experience of the service. For example, staff had received additional training in monitoring behaviour and guidance from the local learning disability team on how to effectively support people. One member of staff commented; "[Person's name] moved in a year ago, it's all a bit late." An external healthcare professional noted; "Knowledge of staff is being built on, they do seem to be playing catch up with the client's changing needs."

Roles and responsibilities were clearly defined and understood. Everyone had a keyworker and co keyworker who had oversight of specific individual's care planning reviews and any appointments. The senior support worker shared responsibility for rotas and supervisions with the registered manager. They also completed weekly audits on some aspects of the service. They told us they had three hours protected administrative time per week to complete these duties and this could be difficult to achieve.

CQC had not been notified of the occasion when one person had fallen resulting in a significant injury until 16 days after the event.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service requires a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for another two services and shared their time between them. They were supported by a senior support worker at Trelawney who had day to day oversight of the service. A member of staff told us; "[Senior support worker's name] mixes her shifts up so she can see what's going on with all staff."

Staff meetings were held regularly to update staff on any changes in the care sector or at an organisational level. Staff were also able to discuss working practices within the service and any concerns or ideas they

might have about how care was being delivered. Staff told us they worked together for the benefit of people using the service. One commented; "We're here to do a job."

There was a system of audits and checks in place to identify and address any shortcomings in service delivery. Keyworkers carried out monthly reviews of care plans, the senior support worker completed weekly checks of people's personal monies and medicines. The registered manager completed a monthly quality assurance visit. The results of this were sent to the area manager and action plans developed where required. HF Trust carried out annual health and safety and financial checks and, approximately every eighteen months a whole service audit was carried out by the HF Trust compliance team.

The registered manager told us they were well supported by the local area manager. They commented; "I get answers and decisions very quickly." The provider had a clear set of visions and values and there were systems in place to help ensure these were shared with staff. The registered manager and senior support worker attended monthly manager meetings where the area manager shared any relevant information. HF Trust representatives had recently visited the are as part of a national roadshow event. The registered manager told us; "There is constant communication (from head office)."

Relatives were complimentary about the organisation although they were aware there were some problems at the time of the inspection. Comments included; "It's generally been fantastic care over the years, they're under a bit more stress because of the extra mix in the home" "[Person's name] has had a few altercations there, I don't know how long it can last" and "We're absolutely delighted with HFT and I would like that to go on the record."

People's confidential information and other records relating to the management of the service were kept securely. CQC ratings from the last inspection report were displayed at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of an incident which occurred whilst services were being provided as a consequence of which a service user had sustained changes to the structure of the body.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's autonomy and independence was not supported.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records were not consistently completed.